

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. I.

LOUISVILLE, MARCH 4, 1876.

No. 10.

SPECIALTIES IN MEDICINE.

It is within the memory of many not very old practitioners that the healing art was at one time divided only into medicine and surgery. The physician and surgeon each had his department, with the dividing line not very strongly marked. Now we have brain-doctors, eye-doctors, ear-doctors, nose-doctors, throat-doctors, lung-doctors, heart-doctors, womb-doctors, anus-doctors, spine-doctors, urinary-doctors, deformity-doctors, electro-galvanic doctors, and a host of others too numerous to mention.

The question very naturally arises, Has the practical application of medicine as a science been rendered more efficient by these minute subdivisions being usurped by those known as specialists? We unhesitatingly answer in the negative. It is undoubtedly true that for most of the advances made in recent times both in medicine and surgery we are indebted to those who have spent much of their time in investigating some particular department of medical science; but when they have published to the world their conclusions and discoveries, others are equally with themselves qualified to apply those discoveries and conclusions to the relief of human suffering. Indeed, we think that the intelligent and thoroughly educated practitioner, whose mind is unbiased, can often make a more correct application of a principle or new idea than the man who has worked out the principle or given birth to the idea; for the reason that he who adds to our knowledge is liable to have his mind run in a certain channel, the tendency of which is to cause him to form an undue estimate of the importance of the subject of his

investigations. Students attending lectures see this daily: each professor seems to strive to impress on the minds of his hearers the importance of giving an excess of their attention to the particular branch or branches of which he teaches.

So we find too frequently that the specialist, by having his mind constantly directed to a single organ or particular part of the system, is too apt to give undue importance to the subjects constantly occupying his mind, regarding his special diseases as of local origin, forgetting or ignoring the fact that most diseases have their origin in constitutional disturbances, and require for their cure or eradication constitutional treatment; and while the tendency of the specialist is to attribute all general symptoms to lesions or morbid action of those parts to which his mind is specially directed, the intelligent general physician or surgeon of well balanced mind sees in the local disturbance only the effect of constitutional disease or a particular diathesis.

Since the invention of the ophthalmoscope and the large amount of experience which is necessary to obtain the full benefits to be derived from its use, and since the great advances made in our knowledge of refraction and of the optical defects of the eye, the subject is so vast, embracing so many new principles, that a life-time may be devoted to the study of this subject, and even then perfection not attained; hence this may very properly be regarded as a fit subject for a specialty. But even here the tendency is to ignore to a great extent the effects of constitutional causes in producing ocular affections. A friend at our elbow tells us that during the past summer he had a conver-

sation on this subject with a very eminent professional gentleman of Philadelphia—a man whom all delight to honor, and although the frosts of fourscore years rest upon his brow, yet his eye is undimmed and the keenness of his intellect is unimpaired—who, although not a specialist, yet in the heyday of his life ranked as the first ophthalmic surgeon of America, and was the American editor of "Lawrence on the Eye" (a work parts of which might be read with advantage by many of the younger oculists of the present day), remarked that while wonderful advances had been made in our knowledge of the refractions and optical defects of the eye, there had actually been a retrogression in the treatment of ophthalmic inflammations; an opinion in which our friend fully agrees with him.

Any intelligent practitioner who will carefully read Roosa's excellent work on the Ear will there find principles so clearly enunciated that he will have no trouble in making practical application of them, and will rarely find need to send his patient to an aurist. So with the throat and larynx. Cohen and Mackenzie are easily understood; and ninety-nine in a hundred throat affections are simply local manifestations of constitutional affection, and come directly within the province of the general practitioner, who can, if he deems it necessary, make local application as well as the specialist. The general surgeon can easily acquire facility in the use of the laryngoscope, and qualify himself to treat any of the surgical diseases of the larynx; and so with other diseases of which the specialist claims superior knowledge and ability to treat more successfully:

It is sometimes claimed that students during the short time that they are required to study, including two courses of lectures, in order to obtain a degree, have not time to familiarize themselves with subjects embraced within the province of special practice; hence the necessity for specialists. But the student who thinks his medical education completed on obtaining his diploma had better seek some other occupation than

the practice of medicine. We believe that it would be better to require students to attend three courses of lectures, the last of which should be devoted to special instruction.

If specialties be sanctioned, those practicing them should first practice medicine for five or ten years before studying or devoting themselves exclusively to any particular branch, in order to become practically familiar with the bearing which constitutional disease and diathesis has on local affections.

THE HOUSE THAT JACK BUILT.

The legislature of Kentucky a few years since passed a law requiring any one engaged in the practice of medicine in this state to hold a diploma from a recognized school, or a certificate from a board of examiners appointed by the state. There was much complaint of its tardiness in this matter, which seemed but simple justice to the profession and people; but it appears that after all the legislature had a better knowledge of medical human nature than the doctors had. Scarcely was the protection asked for accorded, than one of its medical schools set up a diploma mill to meet the increased demand for parchment.

Under the old plan the doctor's title to practice might have been the confidence he had built up in his community after years of experience. Could he have been more dangerous than the fledgling of nine months or less, accredited though he may be with two diplomas that he is skilled in the learn- of the schools?

It may be remembered that we have noticed the fact that the *Louisville-Kentucky School holds two graduating courses in one year, graduates students of medicine in nine months, and presents each with two diplomas*; that while with a loud blare of trumpets it announces to the ear of the profession that it charges one hundred and twenty dollars for its tickets, and despises cheap schools, *it has a beneficiary scholarship system which is*

coextensive with its cheek, and leading students to believe that, "being pecuniarily dis-able," there will be no charge made them, and on their appearance demands of them a "beneficiary fee," which, with private tickets, goes to make up in fact the whole income of the school; that, moreover, *the two diplomas which are "given away" at its commencement are very conveniently left blank.* A rather full exposition of these matters has been printed in our previous issues. More upon the same and kindred subjects will appear hereafter. We could scarcely expect to gain credence if we recorded the whole of this matter at once.

For exposing the great sham of the public policy of this school we have been denounced as "noted duelists"—"dangerous teams"—accused of "defaming the living and the dead." What connection there is between the two matters, or what answer the expletives form to our remarks, we can not conceive. As we have the history of several other crooked ways to record, we may expect, just as logically, to earn the additional titles of Mohammedans or materialists. We are not to be diverted from our intention of keeping this matter before the profession by any side attacks; and as our early death has been fondly predicted, we feel that our few remarks must be pointed.

Original.

RELATIONS OF THE MEDICAL PROFESSION TO LIFE INSURANCE.

BY J. B. TEMPLE,

President of the Southern Mutual Life Insurance Company of Kentucky.

It is exceedingly important that the precise relation which the medical profession bears to the general matter of life insurance should be well understood and appreciated. It is not every healthy man that is safely insurable upon a uniform scale of premiums, which seems to be the idea with some who

have given a very partial consideration to the subject; yet it is important that it should be known whether the applicant is at the time of application healthy or diseased.

The Register-General of England, in his twelfth annual report, embodies a paper prepared by William Farr, Esq., on the subject of life insurance, which he commends to the notice of the "Secretary of State for the Home Department" as a valuable contribution to the science of life insurance. In this paper Mr. Farr gives special emphasis to the subject of the selection of lives, and quotes the opinions of several eminent men, beginning with Dr. Price, who may be styled the father of correct life insurance, who, anticipating an excess of mortality in insurance societies, says, "Those persons will be most for flying to these establishments who have feeble constitutions or are subject to distempers which they know render their lives particularly precarious; and it is to be feared that no caution will be sufficient to prevent all danger from hence."

Mr. W. Morgan, actuary in the Equitable Life office (of England), after fifty years' experience, says, "Between a number of select lives and the general mass of mankind the difference in the rate of mortality will at first be considerably in favor of the former; but this difference will be continually lessening till in process of time it will vanish altogether, as it is found to have done among the lives of long standing in the Equitable society. Should any institution, therefore, of this kind, in the early period of its existence, be tempted by the higher probability of life among its members either to reduce its premiums or to adopt any other violent measures for impairing its resources, *the consequences, though not immediate*, must ultimately terminate in disappointment and ruin." It may be remarked in passing that one of the "other violent measures for impairing resources" might be relaxed vigilance in the medical department.

Mr. Milne, another eminent and experienced authority, says, "Although the members of such a society when they first enter

are select lives, they are not even so much better than the common average as many persons suppose; for the more precarious a life the stronger is the inducement for parties interested in its continuance to get it insured, so that bad risks are frequently offered to such companies. Besides, it is to be considered that of the number in a society at any one time but a small proportion can have been recently admitted, and in a few years from the time of admission the members will have generally come to the common average of persons of the same ages."

"Although there is a disposition to pass an undue proportion of 'bad lives' into an insurance society, such arrangements can be made as when skillfully conducted reduce the mortality below the average of mankind in general. Any favorable results of this application of technical skill may be set down as legitimate profit; for if such skill is not applied, the mortality will be above the average of the nation, and the result *loss*."

"The selection of lives is not yet fully understood, but it may be broadly stated that twenty-seven in one thousand men of the population of the age of twenty and under sixty are suffering from some kind of disease or other; that several of the diseases are of long duration, that others are recurrent, and that some are hereditary; that consumption, the most fatal disease, lasts on an average two years, although it varies considerably in duration; and that cancer, another form of chronic fatal disease, is much more common in women than it is in men."

If in addition to these extracts from the paper of Mr. Farr attention is directed to the prevalent and increasing foolish habit of tampering with intoxicating liquors by persons as yet temperate, we have an outline, yet but a general view, of the dangers against which the practice of life insurance has to be guarded.

By what means the "technical skill" needful to the desired end may be successfully applied is matter for serious consideration.

It should not be set down that the disposition to seek the protection of an insurance office by those of feeble constitutions is the prompting of dishonesty in every case. Nature is a powerful and watchful monitor, and her monitions often precede the actual presence of the danger to be guarded against.

One of the safeguards against faulty selection is in the non-employment of agents with a feeble moral sense, who sometimes prepare the applicant for eluding the vigilance of the medical examiner by assuring him that his ailments are not material in making up the opinion in his case. Their interests may appear to be against the company, and the most stubborn honesty can not always be depended upon where interest comes in to influence action. But the agent has rarely the skill to detect the latent indications of disease which the medical man is presumed to possess, and may well be excused if he only performs faithfully his own duties.

There is "a great deal of human nature in mankind." The local medical referee is often brought in contact with his neighbor, his personal friend, or his patron, or with all combined in one, and he has his commendable human sympathies to master in performing his important duties to the company, which has so much at stake in the fidelity with which he justifies the trust reposed in him.

In this view it is doubtful whether the practice of asking an opinion of the local medical referee is not bad. The opinion is at last only a fact which along with other facts helps to the conclusion to be reached by the parties of last resort. This should be more fully known by both the medical examiner and applicants, to relieve much of the delicacy which grows out of the relations in the case.

The medical referee stands in the relation to the insurance society of a legal examiner or commissioner to a court, who takes proof upon which the authoritative decision of the judge is to be based. If the facts are skillfully reported there is no excuse for error in

judgment, but if imperfectly reported it will be an accident if the judgment is correct.

There is one advantage—and no inconsiderable one—which the legal has over the medical examiner. The questions prepared for the former are prepared for the particular case which he is to investigate, while those prepared for the latter are not prepared for any particular case, and sometimes are ill calculated to elicit the particular information most needful. It would be impossible without inconvenient delay to do otherwise; and when regarded in their true light—as only helps to a professional examiner, and not intended to limit his investigation or report—they will never hinder, but prove valuable as suggesting important inquiries to be made.

When all are concerned in effecting the insurance—the applicant by making honest and full disclosures, to which he is moved by every motive of honor and interest; the agent by seeing to the full and faithful preparation of the application and the communication of all the information he can acquire; and the local referee by careful examination and full report of every fact which may aid in the formation of a correct judgment—the medical adviser of the company is in the best position for giving correct advice.

The perfect watch, it is said, is the result not of individual skill, but of the combined skill of many, each having the construction of a separate part for which he is best adapted; so in the insurance society.

Especially in regard to the medical adviser is this true. His part in the matter is a specialty for which he has the highest incentive, as well as the best opportunities, to fit himself both by study and observation. Few years will roll around till the mortality experience of his company will teach him wholesome lessons which other medical men can not so well know. If a physician should prescribe for his patient and never return to know the effect of his prescriptions, he would learn little from his own observation and experience. This is very analogous to his duties as a local medical examiner. He

makes a note of his observations, and leaves it to another to watch the result of the indications for good or for evil. It is no fault of his, but the unavoidable result of his position. He can not be expected even to remember what he has recorded, but he has nevertheless rendered a service valuable in proportion to the fullness and fidelity of his inquiries and report.

To resume the comparison of an examiner to take testimony for a court, it behooves him to look carefully to his instructions, else he may miss the point involved. So the local referee should look to the brief instructions prepared by the company's immediate medical adviser, to apprehend correctly what facts he would ordinarily wish to know in making up his judgments.

No medical referee having a due regard for his own or the reputation of his profession will fail to remember that confidence of interested parties—not the company only, but the future orphans and widows whose trustee it is—has been reposed in him. He is not the employee of an agent or an applicant who may chance to call on him, but of a society wielding important and delicate trusts, to whom he is to look not alone for pecuniary compensation, but for that approval of his fidelity more valued than money.

JOHN W. BAGGOTT, M. D.

Dr. Baggott died suddenly of heart disease on Friday, February 25th, at his residence on Jefferson Street, in the forty-ninth year of his age. He was born in Fredericksburg, Va. In his childhood his father removed to this city, where the doctor received a fair education. He evinced in early life a great love for literature, which he assiduously cultivated. He possessed a quick perception, an active and inquiring mind, and at the age of maturity he had acquired a bountiful store of useful and general information. He was a man of solid judgment, with versatile genius, interspersed with wit and humor; at times a little sarcastic. In the year 1857 the

degree of Doctor of Medicine was conferred upon him by the Kentucky School of Medicine, and in the same year he was appointed Resident Graduate in the City Hospital. He was next appointed Physician to the Eastern District and Eruptive Hospital, where he served several terms in succession. He also served in the United States Hospitals during the late war, after which he was appointed Sanitary Inspector by the Board of Health, and served in that capacity up to his death.

Dr. Baggott's character was strong and decided. He abhorred and denounced openly any unprofessional conduct. He enjoyed the confidence and esteem of all who knew him. Dr. Baggott was an accurate and careful diagnostician and an excellent practitioner. His untimely death has cast a gloom over a host of loving friends and patrons, by whom his memory will be long cherished. He was a genial and pleasing companion, a warm and tenacious friend, a kind and loving husband, an indulgent and devoted father.

B. F. G.

by several surgical authors, none have so completely examined them in their various relations or brought them together in the same comprehensive manner. None of the text-books can compete with it upon its special points. Praise to Paget is superfluous. These lectures occupy as high a place in clinical surgery as does the "Surgical Pathology" of its author in its special field. We append the table of contents, in order that our readers may see the range of subjects gone over:

The various Risks of Operations; The Calamities of Surgery; Stammering with other Organs than those of Speech; Cases that Bone-setters cure; Strangulated Hernia; Chronic Pyæmia; Nervous Mimicry; Treatment of Carbuncle; Sexual Hypochondriasis; Gouty Phlebitis; Residual Abscess; Dissection Poisons; Quiet Necrosis; Senile Scrofula; Scarlet Fever after Operations; Notes for the Study of some Constitutional Diseases; Notes; Index.

We have room just now for but two selections. We shall, however, take occasion in future issues to present more from this truly excellent work. On "Risks of Operations" he says:

"All these warnings must be doubled for the intemperate. One does, indeed, sometimes meet with habitual drunkards who pass safely through the perils of great operations; but these are rare exceptions to the rule, according to which one may reckon that the risks of all operations increase with the increasing degrees of habitual intemperance. I think you will find that a habit of slight intemperance is much worse than occasional great excesses; that regular soaking is worse than irregular carousing; probably because of the steady impairment of the blood and of all the textures to which the soaking leads. Of course, you will keep your hands off notorious drunkards, unless you are driven by the stress of strangulated hernia or a stopped windpipe, or something leaving you as little choice as these do. But you must be on your guard to detect a good deal of drunkenness of the soaking kind which is not notorious and not confessed. Be rather afraid of operating on those, of whatever class, who think they need stimulants before they work; who can not dine till after wine or bitters; who always have sherry on the side-board, or are always sipping brandy-and-water, or are rather proud that because they can eat so little they must often take some wine. Many people who pass for highly respectable, and who mean no harm, are thus daily damaging their health and making themselves

Reviews.

Clinical Lectures and Essays. By Sir JAMES PAGET, Bart., F. R. S., etc. Edited by Mr. HOWARD MARSH. New York: D. Appleton & Co. 1875.

The essays and lectures which form this volume have appeared before, chiefly in the *Lancet*, *British Medical Journal*, and *St. Bartholomew's Hospital Reports*, during the last ten years. The tenor of them is already known to many of the profession, as any thing from their distinguished author could not fail to attract immediate and general attention. It will, however, be necessary to see the lectures and essays bound together in one volume to appreciate the full importance of their rank in surgical literature. We do not hesitate to rank the volume as the most valuable that has ever appeared upon the subject of which it treats. While the questions it presents have been discussed

unfit to bear any of the storms of life. Especially they are doing so who increase their stimulants while they diminish their food. This is a fatal error, much worse than that of both eating and drinking in excess.

"On all such as these operations are more than doubly hazardous. Of course you may hear of wondrous escapes from dangers, and on the credit of a few exceptions silly proverbs are made about the impunity of drunkards; but the general rule is certain. Every risk of an operation is increased in the habitually intemperate; they are, above the average, liable to every one of all the sources of danger and of death.

"I have had no sufficient experience among teetotalers to enable me to speak with certainty of their capacity for bearing operations. I can not doubt that a patient trained all his life to habits of rigid temperance would bear injuries of all kinds much better than the average of men; but people of this sort are not commonly those with whom you have to do under the name of teetotalers. These are much more commonly such as have been intemperate or, to say the least, imprudent in their manner of living, and have then wholly changed their habits and lived without any stimulants whatever. Of such people I have no good opinion when they come to be the subjects of surgery; for they seem to retain the bad liabilities of the intemperate long after they have given up their bad habits. I would not adopt the opinion that I have heard some express, that teetotalers are worse patients than drunkards; but I should always expect that a very long period of reformation would be required to free a man from the damages he has sustained from intemperance."

On "The Calamities of Surgery" he says:

"But again, when you have decided on an operation never make light of it; never talk to the patient flippantly about its being what is called 'nothing,' a mere snip, a mere cut, a mere this or that. It never is so to the patient's own feelings; to patients an operation is always an important matter, and they are rather aggrieved than pleased on being told that it is 'nothing.' You need not alarm a patient; you may say that the risk of an operation is not greater than that which he would incur for much less sufficient motives. Most people for pleasure's sake incur larger risks than they would in a minor operation. They travel by express trains and they climb Alps; they hunt and shoot; and for no adequate motive they run across the crowded London streets; and for mere pleasure they expose themselves to danger of fatigue and cold and indigestion and other risks of illness. So you may fairly guard yourselves and give your patients a just measure of warning, by saying that the risk of a proposed operation is not greater than the risk of this or that thing which they

willingly do for amusement. But unless you are prepared to say that the risk is not greater than ought to be incurred for the good which may be expected to follow, you ought not to do the operation at all."

The book is an octavo, containing four hundred and twenty-eight pages, printed with large, clear type, upon extra paper. It is from the press of D. Appleton & Co., New York. We most cordially commend it, not only to surgeons, but to the profession generally, and especially to all students.

Selections.

CEREBRAL SYPHILIS.—Prof. H. C. Wood (Phila. Medical Times) publishes the following lecture, delivered at the University Hospital, on the diagnosis of cerebral syphilis: "The subject of syphilis of the nervous system is one of so much importance, on account of the frequency of its occurrence and of the practical results of its recognition and correct treatment, that I would to-day call your attention to it most especially. Viewed from a pathological standpoint, and omitting affections of the cranial bones and their periosteum, cerebral syphilitic affections may be arranged in three classes: those in which the chief lesion is a neoplasm; those in which it is an inflammation; those in which it is a degeneration of the vessels. In a very large proportion of cases all three lesions co-exist, and probably in the great majority of instances at least two of them are present. That a tumor or a meningitis may be the sole expression of a syphilitic taint is well known; but the connection between degeneration of the cerebral vessels and syphilis is not so familiar. The frequency with which the venereal taint leads to degeneration of the large arteries is now well established, and in the work of Dr. Heubner* are collected various cases in which post-mortem examinations have proven the invasion of the cerebral vessels by the constitutional infection. It seems to me very evident that the connection between apoplexy and syphilis is more frequent and more immediate than is usually believed. Most drunkards are dissipated in more ways than one, and upon every man or woman who has had impure connection rests the shadow of a possible syphilitic taint. Alcohol is assigned as the cause of capillary degeneration in very many fatal apoplexies occurring in the young. Probably syphilis rather than alcohol is in these cases often the *fons et origo mali*. Further, it is perfectly conceivable that these two causes shall be co-workers

*Der Luetische Erkrankung der Hernarterien, Leipsic, 1874.

of ruin. In hospital practice it is often difficult to learn the history of apoplexies; and I have not yet been able in any case of apoplexy to verify a syphilitic origin by the conjoint evidence of a history during life and the finding of specific lesions after death. In one in my wards in the Philadelphia Hospital the existence of a syphilitic lesion of the vessels of the brain was made exceedingly probable during life by the co-existence of a slow progressive brain-failure, without evidence of localized cerebral disease, but with very numerous retinal apoplexies in both eyes. This patient passed out of view before a final result was worked out. The *diagnosis* of cerebral syphilis is a threefold one, embracing the seat of the lesion, its character, and the question whether it is or is not specific. The important practical decision is always as to the nature of the lesion. It makes some difference in the treatment whether we believe the departure from normal to be inflammatory or neoplastic; but this difference is slight when compared with the difference in the treatment of specific and non-specific cerebral lesions. This is the more satisfactory because for reasons which I shall state presently I am convinced it is sometimes impossible in the present state of our knowledge to distinguish with certainty between the two lesions during life. Given a case of evident brain lesion, is it possible to decide as to its syphilitic nature from the symptoms? Theoretically, it is not possible; practically, we are often able to distinguish the specific nature with reasonable certainty. Evidences of a progressively increasing pressure at the base of the brain occurring in an otherwise healthy young or middle-aged adult, without a history of exposure to sunstroke or other cause of meningitis, point strongly toward a syphilitic origin. Non-specific basal meningitis and basal cerebral tumors are very rare in non-tuberculous adults. Upon this is dependent the fact that slowly developed paralyses of the motor nerves of the eye and its muscles are so generally dependent upon syphilis. Paralysis of the portio dura of the seventh pair does not have a similar significance for several reasons. The nerve arises so far back and proceeds so immediately outward to enter the internal auditory meatus that it is not usually seriously compromised by a basal exudation, and therefore escapes in syphilitic meningitis. On the other hand, owing to its long passage through the bony canal and to its extremely superficial and exposed point of exit, the facial nerve is excessively apt to be paralyzed by rheumatic or other inflammations and exudations. Hence facial palsy may be said on the whole to be anti-syphilitic in its expression. It must, however, be borne in mind that specific palsy of the nerve may occur. I have seen unquestionable cases of it. Cerebral syphilis may, however, destroy a patient without the induction of basal exudation, and without producing a single suspicious symptom. In these cases

the primary guide must be the history. Often this is very clear, but not rarely it is of such character as to obscure rather than reveal the truth. Syphilis of the nervous system usually occurs very late in the disorder, and is in my experience especially prone to exist in those whose secondaries have been unusually light, or even—if there be any truth in man—have been absent. Patients very often having been free for years from specific disorders, having had families of healthy children, and, it may be, even unconscious that they have ever had a primary sore, are astounded when they learn the nature of their malady. I am inclined to believe that in most of these people, when stripped, the experienced eye would find some suspicious markings; but in this country you can not strip men, still less women, on suspicion; and both men and women suffer from cerebral syphilis. When to the facts enumerated is added the perverse tendency not rarely evinced by patients to deny stoutly, even to the peril of life, that which they know to be true, it is evident that too great care can not be exercised in cross-examining a patient and in receiving his answers *cum grano salis*. In asking questions be careful as to time and opportunity. I have seen the specific character overlooked because the doctor questioned the man before his wife. He would be a stern adherent to truth who did not break allegiance under such provocation. It has come to be my invariable rule always to believe that indications of meningitis or cerebral tumor occurring in an otherwise healthy young or middle-aged adult are the results of syphilis, if a confession be made of *even a single impure connection in early life*. Indeed I will go further: often it is well to avoid questioning your patient at all, for his sake, for his friends' sake, for your own sake. Leave the history of the past unstirred. Make the therapeutic test, and keep your own counsel. Nothing will be lost to the patient, and a few weeks will enable you to decide the matter. If you do this in every case of brain-tumor or of chronic meningitis occurring in young or middle life, you will some time stumble most unexpectedly upon a brilliant result. It is a matter of some practical and always of much scientific interest to determine the exact character and seat of the lesion in cerebral syphilis. The rules which govern the judgment in deciding the seat of the lesion are the same for specific and non-specific cerebral disease, and I shall not speak of them here. In regard to the character of the lesion, the trouble is to distinguish between syphilitic meningitis and tumor. You will remember that the symptoms present in cerebral syphilis are failure of general intellection and of special intellectual functions, local and general paralyses, convulsions, headache, and changes in the optic disks. Let us take these symptoms up *seriatim*, and endeavor to determine, if possible, their diagnostic significance. Failure of memory and of

the general intellectual powers is common to both meningitis and tumor, but is more usual and more intense in tumor than in meningitis. A complete or nearly complete loss of intellectual power occurring in a case of cerebral syphilis would certainly indicate a very wide-spread involvement of the brain tissue—one which could scarcely be other than secondary to a tumor or to a degeneration of the cerebral vessels. Still I have seen very pronounced loss of memory and slowness of intellect, when post-mortem examination showed that the chief lesion was a general and intense meningitis. The destruction of local brain functions, indicating organic lesion occurring at such positions as not to be affected by the exudation of meningitis, is very indicative of tumor. Even such loss of power, unless total, can not, however, be relied on. Thus, in a case of very decided though not complete aphasia, I found, on post mortem, meningitis without appreciable lesion of the island of Reil. Nevertheless, *total* abolition of a localized function must be considered as decisive of change, affecting either the center or its nerves, and when present affords the best criterion we have for deciding the nature of the lesion. Thus a complete or even a nearly complete hemiplegia in cerebral syphilis is almost a complete proof of the existence of a profound alteration in the neighborhood of the corpus striatum, and hence of tumor or of brain softening from capillary degeneration. On the other hand, paralysis of the basal nerves of the brain indicates meningeal trouble, because a tumor, at least without co-existent meningitis, is very rare in such positions, while chronic meningitis habitually assaults with its exudation the nerves of this region. The convulsions of cerebral syphilis are of two forms—the one indicative of meningitis, the other of tumor. In the meningeal form the convulsion in all cases which I have seen was evidently dependent upon an acute exacerbation, and was not truly epileptiform. The convulsion does not pass in a few minutes, but continues for hours, is evidently excited by irritation so as to be almost tetanic, and usually is accompanied by decided rigidity and opisthotonos. With it is not simply sleep or stupor, but wild delirium, a fury of screaming and fighting. True epileptiform convulsions occurring at irregular intervals in cerebral syphilis are indicative of tumor. I do not mean to affirm that they are positive proof of the existence of a tumor. The evidence upon this point is not sufficient. They certainly do render the existence of a tumor exceedingly probable. Fatal cases of cerebral syphilis, under proper treatment, are very rare. Wherever I have had an opportunity of making post mortems where epilepsy has existed during life a tumor was found after death. I do not think any light is thrown upon the lesion by the character of the headache. This varies very much in both affections, and may be very

trifling in either. The same may be said of changes in the optic disk, excepting that while a normal optic nerve is not very rare in tumor, it is almost inconceivable in basal meningitis with marked exudation."

THE DELIRIUM OF OPERATORS.—Not the least interesting article in a recent number of the *Annales de Gynécologie*, December, 1875, is a lecture by Prof. Guéniot upon the delirium of operators, a disorder which he first had described in 1854. This delirium Guéniot defines as a more or less brief mental aberration of the surgeon, which hurries him to producing upon his patient lesions almost always grave and most frequently mortal. He states that the young physician is peculiarly liable to this delirium, and that it occurs more frequently in obstetrical than in other practice. He cites from Baudelocque a case in illustration of this delirium, and one from Mauriceau also; and in this latter, although no names are mentioned in the original narrative, the operator so apparently cruel and ignorant in his practice and so bitterly condemned by Mauriceau was none other than Viardel, one of the ablest and most illustrious obstetricians of his day. He then gives several other instances, most of which he was personally cognizant of, where men of acknowledged ability and skill, indeed some of distinction, had committed most terrible errors in obstetric operations, sacrificing child and mother, one or both, needlessly and cruelly. In one instance, where three physicians were concerned in a tedious labor, no pelvic deformity whatever, the child taken away by piece-meal, the mother's organs terribly torn, and she dying in their hands, one of the three operators afterward reproached himself most bitterly, and said, "We were no longer masters of our actions; we had lost our reason; we were madmen." The delirium of operators presents two successive phases; viz., that of vertigo and that of confirmed delirium. In the former the operator shows some disturbance of perception, nervous tremor, obscurity and even confusion of thought; his memory is affected, and his words do not correspond exactly to the thought. He has cephalic congestion, with a sort of fatigue or depression; the face has a dusky flush; he has general perspiration, palpitation of the heart, and manifests a want of precision in his movements. Thus far there is no great danger. Fear, hesitation seems to rule his actions. It is the condition of the medical student making his first venesection, or rather that of the young doctor in his first application of the forceps. Now this, according to circumstances and according to the temperament of the physician, may undergo no further development, or it may be the prelude to a most dangerous affection. Let some unforeseen difficulty arise, some impediment present itself to the anxious operator, his fear of failure increases, he is irritable; and if he suspects among

those around the patient distrust, if he thinks his pride wounded, his reputation endangered, these conditions alone may be enough to cause an attack of delirium. This delirium represents the disease in its highest and most terrible expression. The intellectual and moral faculties are perverted; the accoucheur is beside himself; and, impatient to end the labor, no longer master of himself, he acts with violence, sometimes even with fury. The very sight of blood, instead of calming, increases his excitement; and hence it may be said without great exaggeration that the surgeon, though ordinarily characterized by gentleness and patience, becomes like the soldier intoxicated with blood who engages furiously in the strife. Soon a calm comes; by degrees the delirium is dissipated; and the operator, recognizing his errors, bitterly reproaches himself, and deplores his persistence in the management of a case which he had become incapable of conducting to a favorable termination. Sometimes he desires a consultation, hoping that the evil he has done may be remedied, or he hastens from the dying patient under the influence of fear and shame, perhaps also to escape the bitter reproaches of the family. Such are some of the salient passages in this most interesting lecture, which we wish we had space to publish in full. Many of our readers, some of them, we know, can recall illustrations of this delirium of operators—illustrations that they have heard of, if not witnessed. In this country, in suits for malpractice—which we fear are sometimes encouraged, if not instigated, by doctors for the gratification of the basest malevolence—we wonder that some ingenious lawyer does not adduce in behalf of the defendants the fact of this delirium. Emotional insanity has played an important part in criminal jurisprudence, frequently saving from the penitentiary or the gallows; and why may not the delirium of operators furnish as valid a plea in civil trials where matters of pecuniary damages are to be settled? The suggestion is made for the benefit of some lawyer ambitious of urging a new defense, or of some unfortunate doctor needing such defense.—*American Practitioner*.

MESSAGE IN AMENORRHEA AND DYSMENORRHEA.—Dr. Douglas Graham (Boston Medical and Surgical Journal), in an interesting paper upon the use of this therapeutic means in the above-named derangements of the catamenial functions, relates the following case: "After unusual exertion and anxiety in nursing her mother and sister, Miss A. suffered great nervous prostration. The trouble at first, the patient said, was all in her head; she was very sleepless, and had frequent attacks of hysteria. Several months later she was seized with intestinal catarrh; and as this was accompanied with great pain it aided very much in reducing her. From this she gradually

recovered so as to be able to sit up for a few minutes at a time. A persistent backache and profuse leucorrhoea appearing called attention to the uterus, which was found to be anteverted. When tenderness had subsided so as to admit a Hodge's pessary, this, with a bandage around the abdomen, afforded great relief. Menstruation was regular as to time, though painful and scanty, lasting but a day and passing only when the patient was sitting up. In the meantime the hysteria continued, at times closely simulating peritonitis; and her physician, Dr. Nichols, of Cambridge, informed me that hysterical convulsions, mania lasting from a few hours to several days, and transient aphonia were also of common occurrence. Injections of asafetida alleviated these attacks, and a course of tonics and electricity had improved her so that she could be up four hours daily, an hour or two at a time. Excepting the occasional use of a vegetable bitter, nothing had been administered for two or three months, when Dr. Nichols 'was led to suggest massage because he thought the muscles might in this way receive the exercise which they so much needed, and which the patient could not or would not take in the ordinary way.' Massage was begun in this case in May, 1875, when the patient had been an invalid for over two years. At this time she was taking nothing but a gentle laxative every day. Careful manipulation alone had to be used in this case, as any thing like acto-passive motion, except of the feet and arms, was very apt to give rise to abdominal pain, which was frequently referred to one or the other of the ovarian regions, and sometimes followed by hysterical convulsions. After my second visit the laxative was laid aside in the hope that the kneading of the abdomen would produce the same effect. In this we were not disappointed, as she had a natural daily defecation without medicine. I visited her two or three times a week, and employed massage ten times before her next monthly period. When this arrived the menses came, somewhat to our surprise, while the patient was lying down; the flow appeared in that position the first time in sixteen months, and lasted two days (whereas the usual duration had been but one), with much less pain and bearing down than had been habitual. She was under massage two months longer, and in each the menses came with less discomfort, and while she was in the recumbent posture. This improvement has continued, as I have since been informed. With regard to the aches, those of the back and head, as well as the uncomfortable feelings in the abdomen, were alleviated at each application of massage, and the patient was greatly soothed, sometimes to sleep. The cold hands and feet were made warmer, not merely for the time, but permanently. The muscles gained in size and firmness, and the patient walked with much less scuffling of the feet, and went up and down stairs naturally;

but still she was a great invalid, unable to ride in a carriage without suffering pain in the back and abdomen, though she could walk two or three squares with ease. I think that in her great desire to get well she rather overestimated her improvement. Dr. Nichols has recently written me as follows: 'That benefit has resulted from the massage seems to me clear. The muscles, especially of the legs, are stronger. With these changes has come improvement in other directions. The severe headaches have mainly disappeared, the catamenia are more natural in quantity, and the pain has greatly abated.'

TREATMENT OF TYPHOID FEVER.—The Medical Record, January 10th (American Practitioner), has an exceedingly interesting letter on the above subject by Dr. Edward Warren, late Surgeon-General of the Egyptian army, now residing in Paris. From the letter we extract the following for its remarkable correspondence with the views expressed by that veteran, Dr. N. S. Davis, in his contribution to this number of the American Practitioner: "There is undoubtedly a strong disposition at present to run away with *pyrexia*—to confound it with the disease of which it is a symptom, and to regard its arrest or abatement as the only indication worthy the consideration of the physician. To many minds there is no danger to be feared, save that which the *thermometer* signals and illustrates, and no remedies to be evoked except such as *cold water* supplies or typifies. In a word, the views which the 'German school' has promulgated relative to the disastrous influences exerted upon the organism by an elevated temperature have been so enthusiastically adopted by the profession as to obscure the true pathology of typhoid fever, and to inspire a blind subserviency to the therapeutical dogmas recorded by Ziemssen *et id genus omne*. Without entering into any formal argument to demonstrate the fallacy of these ultra ideas, I will simply oppose to them a few practical statements, respecting the reliability and the logic of which there can be no discussion: 1. Peyer's patches sometimes ulcerate, even to the point of intestinal perforation, without the concomitant occurrence of any special elevation of temperature to indicate the existence of a typhoid infection. 2. The degree of heat developed in typhoid fever and the virulence of the disease itself do not sustain a necessary and invariable relation. 3. The patient constantly succumbs after the temperature has reduced itself or has been reduced by remedies. However important it may be in certain cases to subdue the *pyrexia*, the indication which presents itself in this respect should be met intelligently and guardedly. The physician should remember that the *heat* with which he has to deal is *not really the disease* to be combated, and that the remedies demanded are 'heroic,' and require the nicest discrimination

in their employment. He should distinctly realize that in laboring to reduce the temperature he is only attacking *one* of the obstacles which interfere with the operation or exhaust the energy of that 'principle of conservation' which the system requires, in order that it may be carried safely through the trying ordeal of the typhoid infection. And he should most rigidly guard against that fallacious infatuation which satisfies itself with a crusade against *pyrexia*, whilst it ignores the paramount obligations to strengthen the failing powers, to renew the wasting tissues, to utilize the hampered digestive processes, to limit the disastrous ulcerative action, to eliminate the contaminating products of the crude and unhealthy metamorphosis, and to assail every symptom which by obstructing functions, or developing complications, or combining with essential phenomena, adds to the patient's discomfort or diminishes his chances of recovery."

ATROPIA AS A TEST OF DEATH.—(*Wiener Med. Presse.*) Statsarzt Michaelis has found that the action of atropia upon the pupil is not a reliable test of death. In several cases its influence was very marked in recent corpses.

Miscellany.

—A few weeks since, in indulging in some badinage about the reception of the News by several of the weekly journals of the country, we unintentionally wounded the Clinic. Recognizing itself as "the Cincinnati girl with foreign accent, in limp cotton gown and flaring picture of her sweetheart in her breast-pin," it failed to see any joke in the matter, and favors us with some maternal advice. We are indebted for this to our amiable neighbor who is good enough to supply us with any matter of this sort concerning ourselves which we may miss through failure of the mails. The organ of the "Ohio Medical" is reported to have said: "We distinctly remember having noticed the birth of this little foetus, which was all we could do at the time. We still feel very kindly toward it, and, as the best expression of it, we will warn the News that such silly stuff as its leading article will kill it. The News has its motto, *nec tenui penna*, which a wag here translates, 'I never held a pen.' Now

the News should not justify this kind of joke upon itself so soon." We stand rebuked, and can but regret that our recent pen has drawn such blood. "Silly" has perhaps something of the pot-mettle ring. "Foetus," however, is a rare hit. Surely they must have secured another Jerrold. We are glad, as there are two of us, that the Clinic did not adopt the language of its classic ally in this city, and call us *feti*. We are at least spared the humiliation of being smothered by bad Latin. As advice is in order, allow us to suggest to the "widest quoted journal in the world" not to be so thin-skinned, to mend its manners and its temper, and to get a new set of types.

DR. RUSH.—No name in the American profession is so illustrious as that of Benjamin Rush, and yet the doctor had a hard time of it in his day. His practice in the yellow fever was denounced by contemporary physicians as "insane." One of them declared in the newspapers of Philadelphia that it was "certain death." The people became excited, and some threatened to "drum him out of the city." In his history of the epidemic he says, "I have mentioned the slanders propagated against me only for the sake of declaring in this public manner that I most heartily forgive them, and that if I discovered at any time an undue sense of the unkindness and cruelty of those slanders it was not because I felt myself injured by them, but because I was sure they would irreparably injure my fellow-citizens by lessening their confidence in the only remedies that I believed to be effectual in the reigning epidemic." And he adds: "I commit these calumnies to the dust. If the soil I have endeavored to cultivate should afford a plentiful harvest to my pupils, I shall not repine, although I have reaped nothing from it but briars and thorns."

—Dr. Henry W. Williams, of Boston, reports in the Transactions of the American Ophthalmological Society, held at Newport in July last, the case of a girl eight years of age who became totally deaf, followed six weeks afterward by loss of vision, complete

blindness recurring several hours each day. Dr. W. diagnosticated the symptoms as being caused by reflex action, due to intestinal irritation. Entire relief was given by administering kousso and pumpkin-seed, which caused the expulsion of a tape-worm.

—Glycerine is not used in the right way. To preserve the smoothness and softness of the hands, keep a small bottle of glycerine near the place where you habitually wash them, and whenever you have finished washing, and before wiping them, put one or two drops of the glycerine on the wet palm and rub the hands thoroughly with it as if it were soap, then dry lightly with a towel. Household work and bad weather will not prevent your skin from being smooth and soft if this plan of using glycerine is followed.—*Ibid.*

—It has long been noted in this country that in those districts where the use of oatmeal (in place of wheaten flour) prevails, we find children and adults with the best developed teeth and jaws; and so well recognized is the influence of oatmeal diet upon the teeth, that many practitioners order its use as an article of daily diet for children in cases where the dentition seems likely to be either retarded or imperfect.—*Pub. Health Magazine (Montreal)*.

INTERNATIONAL CONGRESS OF OPHTHALMOLOGY.—Extensive preparations are being made by the committee of arrangements (Drs. Agnew, Noyes, and Roosa) appointed by the American Ophthalmological Society to make the meeting of the international congress, which meets in New York City September 12th, a success. A large number of delegates are expected from abroad, embracing some of the most eminent European ophthalmologists, and among them the celebrated Donders.

—When Bro. Talmadge, of Brooklyn, was engaged in his war with the theater people, upon the merits of which, as medical journalists, we can express no opinion, he remarked: "I have fired many shots at the devil; judging from the flutter in his camp, I think I have struck him at last." Comment, etc.